



POLK STATE COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM OBSERVATION VERIFICATION FORM

Students must show verification of a minimum of 10 hours of physical therapy observation exposure in order to be considered for admission to the program. Additional hours must be documented to receive credit in the point system for application.

Directions: Please use one form for each facility. A licensed physical therapist or physical therapist assistant must sign the form. Duplicate additional forms as needed.

To be completed by the student

Student Name: _____ Student ID#: _____

Address: _____

Name of Facility: _____

Address: _____

Phone: _____

- Type of facility:
- | | |
|---|---|
| <input type="checkbox"/> Acute Care hospital (pediatric/adult) | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Skilled Nursing (SNF)/ Long Term Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Outpatient Orthopedics/Sports/General/Neurologic | |
| <input type="checkbox"/> Outpatient Pediatrics | |
| <input type="checkbox"/> School Based Pediatrics | |

To be completed by the supervising therapist.

Total number of hours performed by the student: _____

- | | | |
|---|------------------------------|-----------------------------|
| • Was the student consistently on time? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Was the student consistently dressed appropriately? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Did the student consistently act professionally? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Did the student consistently behave ethically? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Comments: _____

PT/PTA Signature: _____ License #: _____

PT/PTA Name (Printed): _____ Date: _____

OBSERVATION SUMMARY

Please summarize what you learned during your observation experience at this facility.

Observation Attendance Log:

<u>Dates</u>	<u>Times</u>	<u>PT/PTA Initials</u>

Student Signature

Date